

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson
Township 1 Can
City Kansas City (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. 36923
Registered No. 4352
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2636 Spruce St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1875

7. AGE YEARS 62 MONTHS 9 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Henry Kunz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Drager

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT De uia clerk
(ADDRESS) 1002 Spruce St.

18. BURIAL, CREMATION, OR REMOVAL Buried 10-30-37
Place St. Mary's

19. UNDERTAKER Quirk-Tobin Co
(ADDRESS) Kansas City Mo

20. FILED 10/29 1937 Registrar M. M. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1937 to 10-29 1937

I last saw him alive on 10-29 1937 Death is said to have occurred on the date stated above, at 7:40 AM

The principal cause of death and related causes of importance were as follows: _____ Date of onset _____

Coronary occlusion with acute myocardial infarction and mural thrombi
Other contributory causes of importance: 94B

Name of operation _____ Date of _____
What test confirmed diagnosis? Certified Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) P. J. De Maria M. D.
(Address) 1002 Spruce St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

